12-15 '15 AM09:54

Fill in this information to identify your case:

Debtor 1: Robert (First Name) Stephen. (Middle Name) Berillo. (Last Name)

Debtor 2 (Spouse, if filing): First Name / Middle Name / Last Name

United States Bankruptcy Court for the: US. R I. District District of RI (State)

Case number (If known):

☐ Check if this is an amended filing

Official Form 103B

Application to Have the Chapter 7 Filing Fee Waived

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: Tell the Court About Your Family and Your Family's Income

1. What is the size of your family?
Your family includes you, your spouse, and any dependents listed on *Schedule J: Your Expenses* (Official Form 106J).

Check all that apply:

☑ You
☐ Your spouse
☐ Your dependents ______ How many dependents?

1 Total number of people

2. Fill in your family's average monthly income.

Include your spouse's income if your spouse is living with you, even if your spouse is not filing.

Do not include your spouse's income if you are separated and your spouse is not filing with you.

Add your income and your spouse's income. Include the value (if known) of any non-cash governmental assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

If you have already filled out *Schedule I: Your Income*, see line 10 of that schedule.

That person's average monthly net income (take-home pay)

You .... $ -0-

My Family Member paid Electric, Gas, Food. I Receive No Money

Your spouse ... + $______

Subtotal............ $ Money –

Subtract any non-cash governmental assistance that you included above. − $______

Your family's average monthly net income Total.................. $______

3. Do you receive non-cash governmental assistance?

☑ No
☐ Yes. Describe..........

Type of assistance: ______

4. Do you expect your family's average monthly net income to increase or decrease by more than 10% during the next 6 months?

☑ No
☐ Yes. Explain. ....

5. Tell the court why you are unable to pay the filing fee in installments within 120 days. If you have some additional circumstances that cause you to not be able to pay your filing fee in installments, explain them.

I am unable to work, I have a long time to live knee Replacement. I am. Not Receiving any. disability Benefits

Debtor 1 Robert Stephen Beaudoin — First Name / Middle Name / Last Name — Case number (if known) ____

Part 2: Tell the Court About Your Monthly Expenses

6. Estimate your average monthly expenses.
Include amounts paid by any government assistance that you reported on line 2.
If you have already filled out *Schedule J, Your Expenses,* copy line 22 from that form.
$ 400.

7. Do these expenses cover anyone who is not included in your family as reported in line 1?
☑ No
☐ Yes. Identify who........

8. Does anyone other than you regularly pay any of these expenses?
If you have already filled out *Schedule I: Your Income*, copy the total from line 11.
☑ No
☐ Yes. How much do you regularly receive as contributions? $________ monthly

9. Do you expect your average monthly expenses to increase or decrease by more than 10% during the next 6 months?
☑ No
☐ Yes. Explain ....

Part 3: Tell the Court About Your Property

If you have already filled out *Schedule A/B: Property (Official Form 106A/B)* attach copies to this application and go to Part 4.

10. How much cash do you have?
Examples: Money you have in your wallet, in your home, and on hand when you file this application
Cash: $ -0-

11. Bank accounts and other deposits of money?
Examples: Checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, and other similar institutions. If you have more than one account with the same institution, list each. Do not include 401(k) and IRA accounts.

	Institution name:	Amount:
Checking account:	BOA	$ 40.00
Savings account:		$ 0
Other financial accounts:		$ 0
Other financial accounts:		$ 0.

12. Your home? (if you own it outright or are purchasing it)
Examples: House, condominium, manufactured home, or mobile home
409 Broadway
Number Street
Providence RI 02908
City State ZIP Code
Current value: House in
Amount you owe on mortgage and liens: Foreclosure.

13. Other real estate?
Number Street
City State ZIP Code
Current value: $ 0
Amount you owe on mortgage and liens: $____

14. The vehicles you own?
Examples: Cars, vans, trucks, sports utility vehicles, motorcycles, tractors, boats

Make: ?
Model: S-80
Year: 2004
Mileage 140,000
Current value: $____
Amount you owe on liens: $____

Make: Volvo
Model: ~~[illegible]~~
Year: ____
Mileage ____
Current value: $____
Amount you owe on liens: $____

Debtor 1 Robert Stephen Beecombe
First Name Middle Name Last Name
Case number (if known)

15. Other assets?

Do not include household items and clothing.

Describe the other assets: None

Current value: $ 0

Amount you owe on liens: $ -0-

16. Money or property due you?

Examples: Tax refunds, past due or lump sum alimony, spousal support, child support, maintenance, divorce or property settlements, Social Security benefits, workers' compensation, personal injury recovery

Who owes you the money or property?

How much is owed? $ -0-

$

Do you believe you will likely receive payment in the next 180 days?

- ☐ No
- ☐ Yes. Explain:

Part 4: Answer These Additional Questions

17. Have you paid anyone for services for this case, including filling out this application, the bankruptcy filing package, or the schedules?

- ☑ No
- ☐ Yes. **Whom did you pay?** *Check all that apply:*
  - ☐ An attorney
  - ☐ A bankruptcy petition preparer, paralegal, or typing service
  - ☐ Someone else

How much did you pay? $ 0

18. Have you promised to pay or do you expect to pay someone for services for your bankruptcy case?

- ☑ No
- ☐ Yes. **Whom do you expect to pay?** *Check all that apply:*
  - ☐ An attorney
  - ☐ A bankruptcy petition preparer, paralegal, or typing service
  - ☐ Someone else

How much do you expect to pay? $ 0

19. Has anyone paid someone on your behalf for services for this case?

- ☑ No
- ☐ Yes. **Who was paid on your behalf?** *Check all that apply:*
  - ☐ An attorney
  - ☐ A bankruptcy petition preparer, paralegal, or typing service
  - ☐ Someone else

Who paid? *Check all that apply:*

- ☐ Parent
- ☐ Brother or sister
- ☐ Friend
- ☐ Pastor or clergy
- ☐ Someone else

How much did someone else pay? $ 0

20. Have you filed for bankruptcy within the last 8 years?

- ☐ No
- ☐ Yes. District R.I. When 2009 (MM/ DD/ YYYY) Case number 09-12258. dismissed
  - District RI When 2009 (MM/ DD/ YYYY) Case number dismissed
  - District RI When 2010 (MM/ DD/ YYYY) Case number 10-14331.

Part 5: Sign Below

By signing here under penalty of perjury, I declare that I cannot afford to pay the filing fee either in full or in installments. I also declare that the information I provided in this application is true and correct.

✗ [signature]
Signature of Debtor 1
Date 12.14 2015 (MM / DD / YYYY)

✗
Signature of Debtor 2
Date (MM / DD / YYYY)

Fill in this information to identify your case:

Debtor 1 ______________________
First Name Middle Name Last Name

Debtor 2 (Spouse, if filing) ______________________
First Name Middle Name Last Name

United States Bankruptcy Court for the: __________ District of __________

Case number (If known) ______________________

Check if this is:
- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date: ________ MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. **Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	☐ Employed ☒ Not employed	☐ Employed ☐ Not employed
Occupation		
Employer's name		
Employer's address	Number Street City State ZIP Code	Number Street City State ZIP Code
How long employed there?		

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write $0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

		For Debtor 1	For Debtor 2 or non-filing spouse
2. **List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	$ 0	$
3. **Estimate and list monthly overtime pay.**	3.	+ $ 0	+ $
4. **Calculate gross income.** Add line 2 + line 3.	4.	$ 0	$

Debtor 1 Robert Stephen Borrillo (First Name, Middle Name, Last Name) Case number (if known) ______

		For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here →	4.	$ 0	$
5. **List all payroll deductions:**			
5a. **Tax, Medicare, and Social Security deductions**	5a.	$	$
5b. **Mandatory contributions for retirement plans**	5b.	$	$
5c. **Voluntary contributions for retirement plans**	5c.	$	$
5d. **Required repayments of retirement fund loans**	5d.	$	$
5e. **Insurance**	5e.	$	$
5f. **Domestic support obligations**	5f.	$	$
5g. **Union dues**	5g.	$	$
5h. **Other deductions.** Specify: ______	5h.	+ $	+ $
6. **Add the payroll deductions.** Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	$	$
7. **Calculate total monthly take-home pay.** Subtract line 6 from line 4.	7.	$ 0	$
8. **List all other income regularly received:**			
8a. **Net income from rental property and from operating a business, profession, or farm** Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	$ 0	$
8b. **Interest and dividends**	8b.	$ 0	$
8c. **Family support payments that you, a non-filing spouse, or a dependent regularly receive** Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	$ 0	$
8d. **Unemployment compensation**	8d.	$ 0	$
8e. **Social Security**	8e.	$ 0	$
8f. **Other government assistance that you regularly receive** Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: ______	8f.	$ 0	$
8g. **Pension or retirement income**	8g.	$ 0	$
8h. **Other monthly income.** Specify: ______	8h.	+ $ 0	+ $
9. **Add all other income.** Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	$ 0	$
10. **Calculate monthly income.** Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	$ 0	+ $ = $ 0

11. **State all other regular contributions to the expenses that you list in *Schedule J.***
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in *Schedule J*.
Specify: ______ 11. + $ 0

12. **Add the amount in the last column of line 10 to the amount in line 11.** The result is the combined monthly income. Write that amount on the *Summary of Your Assets and Liabilities and Certain Statistical Information,* if it applies 12. $ 0
Combined monthly income

13. **Do you expect an increase or decrease within the year after you file this form?**
☑ No.
☐ Yes. Explain:

Fill in this information to identify your case:

Debtor 1 ________________ First Name Middle Name Last Name

Debtor 2 (Spouse, if filing) ________________ First Name Middle Name Last Name

United States Bankruptcy Court for the: __________ District of __________

Case number (If known) ________________

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:
  ________ MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. **Is this a joint case?**

- ☑ No. Go to line 2.
- ☐ Yes. **Does Debtor 2 live in a separate household?**
  - ☐ No
  - ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2.*

2. **Do you have dependents?**

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☑ No
- ☐ Yes. Fill out this information for each dependent..........................

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
		☐ No ☐ Yes
		☐ No ☐ Yes
		☐ No ☐ Yes
		☐ No ☐ Yes
		☐ No ☐ Yes

3. **Do your expenses include expenses of people other than yourself and your dependents?**

- ☑ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

		Your expenses
4. **The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot.	4.	$ 0
If not included in line 4:		
4a. Real estate taxes	4a.	$
4b. Property, homeowner's, or renter's insurance	4b.	$
4c. Home maintenance, repair, and upkeep expenses	4c.	$
4d. Homeowner's association or condominium dues	4d.	$

Debtor 1 [signature] First Name Middle Name Last Name

Case number (if known)

		Your expenses
5. **Additional mortgage payments for your residence**, such as home equity loans	5.	$ IN FORECLOSURE
6. **Utilities:**		
6a. Electricity, heat, natural gas	6a.	$ 44.00 PAID BY RELATIVE
6b. Water, sewer, garbage collection	6b.	$ 60.00 " " "
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	$ 180.00 " " "
6d. Other. Specify:	6d.	$
7. **Food and housekeeping supplies**	7.	$ 200.- " " "
8. **Childcare and children's education costs**	8.	$ —
9. **Clothing, laundry, and dry cleaning**	9.	$ —
10. **Personal care products and services**	10.	$ —
11. **Medical and dental expenses**	11.	$ 150.- " " "
12. **Transportation.** Include gas, maintenance, bus or train fare. Do not include car payments.	12.	$ 75.00 " " "
13. **Entertainment, clubs, recreation, newspapers, magazines, and books**	13.	$ —
14. **Charitable contributions and religious donations**	14.	$ —
15. **Insurance.** Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	$ —
15b. Health insurance	15b.	$ —
15c. Vehicle insurance	15c.	$ 100. " " "
15d. Other insurance. Specify:	15d.	$ —
16. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	$ —
17. **Installment or lease payments:**		
17a. Car payments for Vehicle 1	17a.	$ —
17b. Car payments for Vehicle 2	17b.	$ —
17c. Other. Specify:	17c.	$ —
17d. Other. Specify:	17d.	$ —
18. **Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, *Schedule I, Your Income* (Official Form 106I).**	18.	$ —
19. **Other payments you make to support others who do not live with you.** Specify:	19.	$ —
20. **Other real property expenses not included in lines 4 or 5 of this form or on *Schedule I: Your Income.***		
20a. Mortgages on other property	20a.	$ —
20b. Real estate taxes	20b.	$ —
20c. Property, homeowner's, or renter's insurance	20c.	$ —
20d. Maintenance, repair, and upkeep expenses	20d.	$ —
20e. Homeowner's association or condominium dues	20e.	$ —

Debtor 1 ______________________ Case number (if known)______________________
First Name Middle Name Last Name

21. **Other.** Specify: ______________________ 21. +$__________

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21. 22a. $ 810.— PAID BY RELATIVES

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22b. $__________

22c. Add line 22a and 22b. The result is your monthly expenses. 22c. $__________

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*. 23a. $ 0

23b. Copy your monthly expenses from line 22c above. 23b. –$ 810.— PAID BY RELATIVES

23c. Subtract your monthly expenses from your monthly income.
The result is your *monthly net income*. 23c. $ —

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes. Explain here:

R.I. Local Form 1006-1.1
Rev. 7/1/15

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF RHODE ISLAND

-------------------------------- x

In re: : BK No.
: Chapter
:
Robert Steven Borello :

-------------------------------- x

SUPPLEMENTAL INCOME AND EXPENSE INFORMATION FOR FEE WAIVER APPLICATION

In order for the Court to consider and act on an Application for Waiver of the Chapter 7 Filing Fee, the debtor(s) must also file Schedules I and J with the Application, in addition to this supplemental income and expense form.

A. SOURCE OF INCOME OF INDIVIDUAL DEBTOR(S)

1. Source of income (i.e., wages, commissions, social security, unemployment, disability, pension).

None.

2. If the attorney, petition preparer or other person or entity was paid to represent the debtor(s) in this bankruptcy case, provide the source of the payment to the attorney (i.e., wages, social security, unemployment, borrowed funds - such as from a friend or relative).

None.

B. CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

1. Recreation, clubs and entertainment, newspapers, magazines, etc.

List each specific recreation item separately and the monthly expense:

Electric	$ 44.00 Paid By Relatives
Gas -	$ 300 Paid By Relatives
Food	$ 200 Month Paid By. Relatives.
	$

DECLARATION CONCERNING DEBTOR'S SUPPLEMENTAL INCOME AND EXPENSE ADDENDUM

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I (we) declare under penalty of perjury that I (we) cannot currently afford to pay the filing fee in full or in installments and that the foregoing information is true and correct. I (we) further declare under penalty of perjury that I(we) have read the foregoing expense information and that it is true and correct to the best of my knowledge, information, and belief.

Date 12-14-15 Signature [signature]
Debtor

Date 12-14-15 Signature ______________
Joint Debtor, if any